Designing Referral Criteria for Inpatient MVA Abortions: Improving Patient Safety in Aneurin Bevan University Health Board

Ryan Coles, Sarah Seacombe MFSRH.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Background

Manual Vacuum Aspiration (MVA) is a **common, safe procedure in CSRH settings** for early abortion care. [1]

Some patients have **risk factors that increase the chance of complications**, requiring referral to O&G for inpatient management. **Clear referral criteria are essential** to ensure patient safety and to avoid both unnecessary referrals and avoidable risks.

Objective

This project aimed to refine the 'exclusion criteria' used to refer patients from CSRH to O&G for inpatient MVA abortions.

By identifying which risk factors truly predict complications, **the project sought to reduce unnecessary referrals and enhance patient safety**, ensuring that only those at greatest risk are directed to specialist services.

Study Design

This retrospective study **reviewed data over a 12-month period**, focusing on patients presenting for MVA abortions in ABUHB. The aim was to evaluate whether patients met predefined exclusion criteria and to assess the occurrence of complications both in patients meeting criteria ('true positives') and those who did not ('false negatives').

Exclusion Criteria

Patients were flagged if they met any of the following risk criteria:

- **BMI > 50**
- **Previous endometrial ablation**
- **Uterine anatomical variation**
- **Parity of 4 or more (Para 4+)**
- **History of 3 or more Caesarean sections (3+ CS)**
- **Gestation over 12 weeks**
- **Use of anticoagulation therapy**
- **Complex past medical history**
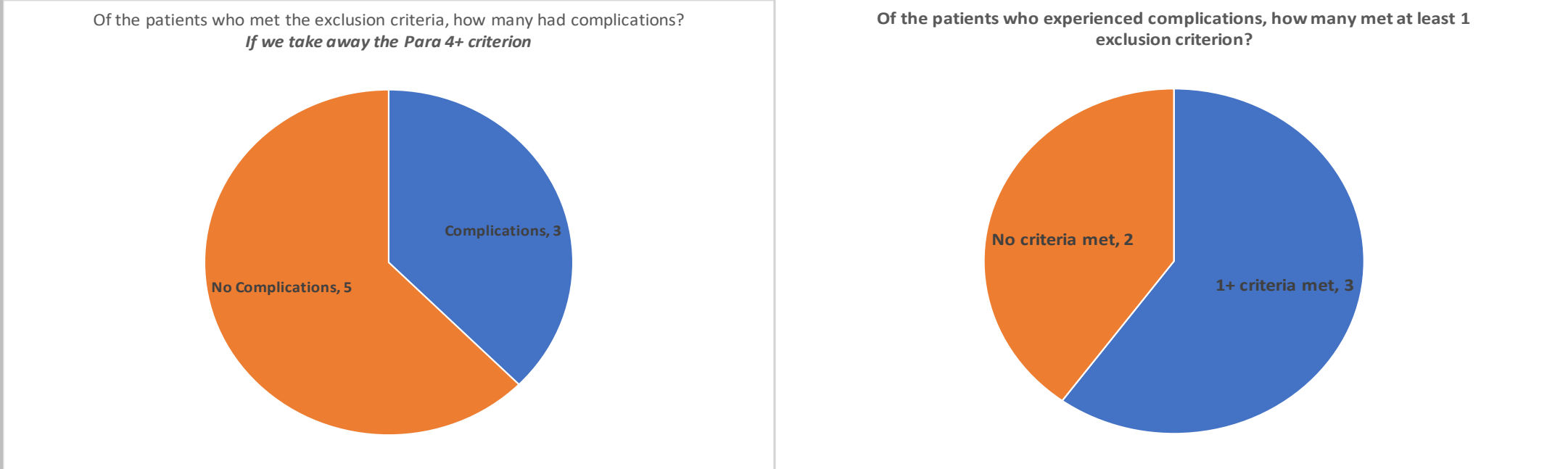- **Requirement for chain of evidence**

Results

- A total of **14 patients** met the initial exclusion criteria over the 12-month review period.
- **5 patients** experienced complications: **3 met one or more exclusion criteria ('true positives') and 2 didn't meet any criteria ('false negatives').**
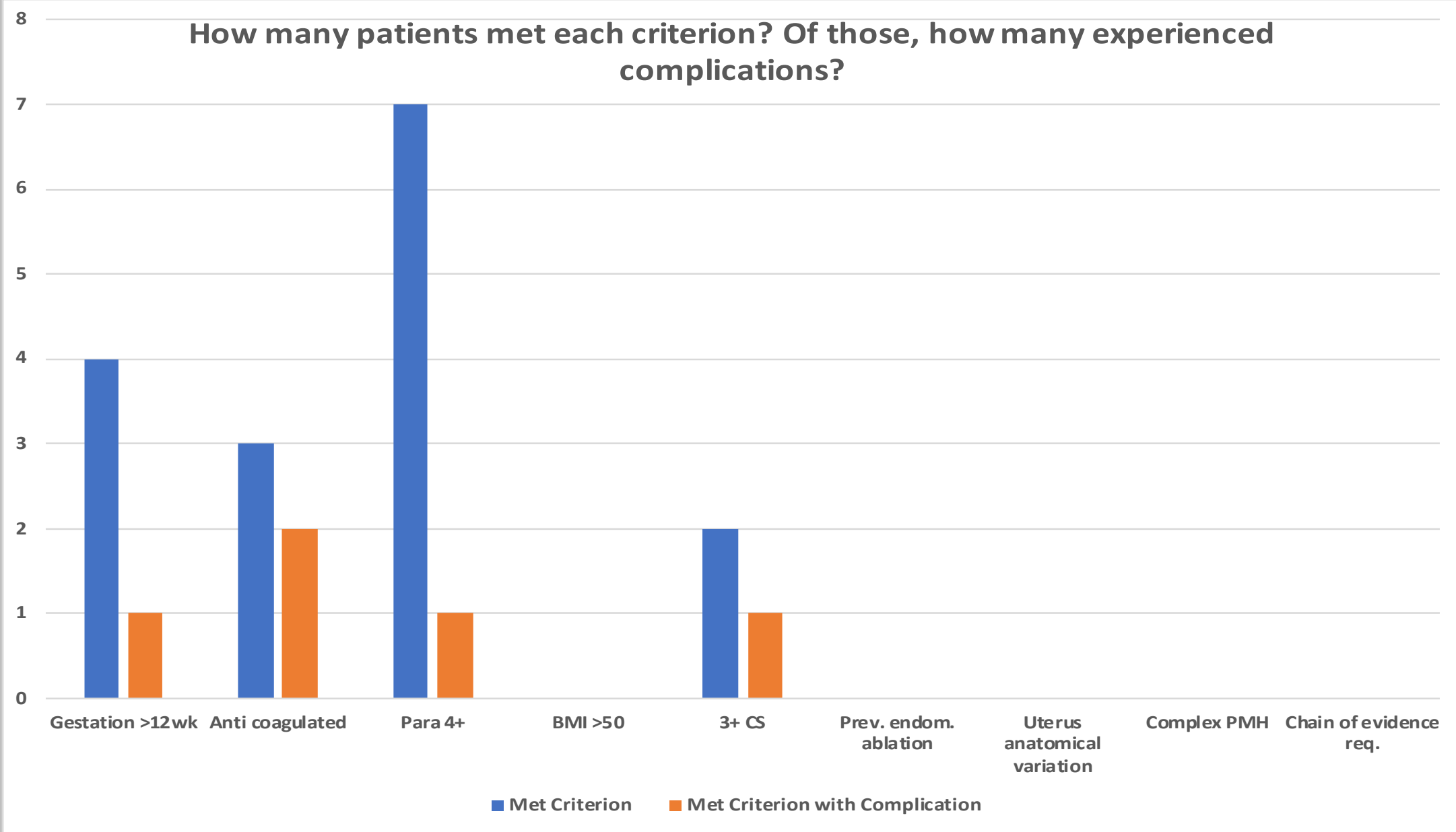
Key Findings

- Gestation >12 weeks, anti-coagulation, and 3+ CS were the highest 'yield' criteria.
- Removing the initial Para 4+ criterion would reduce the number of unnecessary referrals, while still identifying **3 true positive cases** of complications.
- This change leads to a more targeted approach, ensuring that **only those most at risk are referred** for inpatient care, improving both safety and efficiency.

How many patients met each criterion? Of those, how many experienced complications?

(Bar chart: Met Criterion / Met Criterion with Complication — categories: Gestation >12wk, Anti coagulated, Para 4+, BMI >50, 3+ CS, Prev. endom. ablation, Uterus anatomical variation, Complex PMH, Chain of evidence req.)

Of the patients who met the exclusion criteria, how many had complications? *If we take away the Para 4+ criterion*

(Pie chart: Complications, 3; No Complications, 5)

Of the patients who experienced complications, how many met at least 1 exclusion criterion?

(Pie chart: No criteria met, 2; 1+ criteria met, 3)

Conclusions

The results were analysed to assess the effectiveness of the criteria in predicting complications and to identify opportunities for refining the referral process.

Key Points

This project demonstrated the value of exclusion criteria in **identifying patients at higher risk of complications** during MVA procedures.
Removing the criterion of high parity significantly reduced the number of unnecessary referrals, **allowing more patients to safely undergo MVA in the community setting** without compromising care.

By revising the exclusion criteria, the **overall safety and efficiency of abortion services were enhanced**. This enables **better resource allocation** and ensures that **high-risk patients receive timely, specialised care**.

Impact

The refined exclusion criteria have been successfully implemented within ABUHB. This model of data-driven refinement could be applied more broadly to improve abortion care services across other healthcare settings, resulting in **fewer unnecessary referrals while maintaining patient safety.**

References: [1] World Health Organization (WHO). Safe abortion: technical and policy guidance for health systems, second edition. 2012. Retrieved from: https://apps.who.int/iris/bitstream/handle/10665/70914/9789241548434_eng.pdf;jsessionid=F77B761669FC579124C1E9CA2CC3CFDB?sequence=1